



Other Tobacco Products Monthly Tax Return for Distributors & Wholesalers

This report must be filed with the Department of Revenue by the 15th day of the month following the period for which this report is filed.

Business Name			Tobacco Dist./Whol. License #
Address			FEIN/SS No.
City	State	Zip	Month/Year
Contact	Phone #		

- A. Residents - enter wholesale purchase price of tobacco products.
Non-residents - enter wholesale purchase price of tobacco products shipped to South Dakota recipients \$ _____
- B. Deductions
- 1) returns to supplier \$ _____
 - 2) shipped out of the state (Residents only - attach list of out-of-state customers) \$ _____
 - 3) product used to manufacture cigarettes which are taxed pursuant to SDCL 10-50-3 \$ _____
- C. Taxable value of Tobacco Products (line A minus B1, B2 & B3) \$ _____
- D. Tax @ 35% (line C times .35) \$ _____
- E. Interest for late payment \$ _____
- F. Penalty for late filing \$ _____
- G. Adjustment (Previous Credit/Balance Due) \$ _____

PLEASE PAY THIS AMOUNT (lines D + E + F +/- G) \$ _____

Invoice Date	Invoice Number	In-state licensees - Purchased from Out-of-state licensees - Sold to	Wholesale purchase price

Continue on next page or attach printout

Total Price of Tobacco Products	
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I hereby certify that, to the best of my knowledge and belief, this report is true, correct and complete and that no tobacco products have been sold or disposed of contrary to the provisions of SDCL 10-50.

Signature of Owner or Manager

Date

Please remit form and payment to
Division of Special Taxes
445 E. Capitol Avenue
Pierre, SD 57501
Phone: 605-773-3311
Fax: 605-773-6729

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